PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| Attorney Docket Number | | S-2490/CONT/CIP

DECLARATION FOR UTILITY OR

DECLARATION FOR UTILITY OR DESIGN			irst Named	Inventor	Takao UE	EHARA			
PATENT AF		N	_	COM	APLETE IF I	KNOWN			
(37 CF	R 1.63)	<i>F</i>	Application	Number	Unassigne	ed			
Declaration	Declara	tion	Filing Date		Concurren	tly herewith			
Submitted <i>OR</i> With Initial	Filing (s	urcharge	Art Unit		Unassigne	ed			
Filing	(37 CFF require	R 1.16 (e))	Examiner N	ame	Unassigne	ed			
I hereby declare that:									
•	Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
	_	•				niah ia alaima	d and for		
I believe the inventor(s) name which a patent is sought on the			nventor(s)	or the subjec	nauer wi	ich is claimed	and for		
DEFOAMERS FOR TO	OP COAT F	PAINTS FOR M	OTOR '	VEHICLE	S				
		(Title of the li	nvention)						
the specification of which									
is attached hereto									
OR			ı						
was filed on (MM/DD/Y	YYY)		as Unit	ed States Ap	plication N	umber or PCT	International		
Application Number		and was amended	on (MM/D	DVYYY) [(if applicable).		
I hereby state that I have revie	wed and under		•	L	pecification				
amended by any amendment			JI 1110 000	o identined o	peemeation	i, molading th	c diamis, as		
I acknowledge the duty to di									
continuation-in-part application and the national or PCT intern					the filing of	date of the pr	ior application		
I hereby claim foreign priority	benefits unde	r 35 U.S.C. 119(a)-	(d) or (f),	or 365(b) of					
inventor's or plant breeder's ri country other than the United									
application for patent, inventor before that of the application of	's or plant bree n which priority	eder's rights certificat r is claimed.	te(s), or a	ny PCT interr	national app	olication havir	ng a filing date		
Prior Foreign Application	Country	Foreign Filing		Prior			py Attached?		
Number(s) 2000-255720	JAPAN	(MM/DD/YYY 08/25/2000	<u> </u>	Not Cla	<u>imea </u>	Yes	No No		
01118839.8	EUROPE	08/13/2001		-]				
	2011012	55/10/2001		Ë	ך ב				
]]				
Additional foreign applicat	tion numbers at	re listed on a suppler	mental prid	ority data she	et PTO/SB	/02B attacher	t hereto.		
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	er Number	:			OR	V	Corresp	oondence address be	elow
Name										
SHERMAN & SHALLOWAY										
Address										
413 North Washington Stre	et					_				
City				State)				ZIP	
Alexandria					Virgi	nia			22314	
Country		Telephor	ne		Fax					
United States		703-549-2	2282			703	-836-010	06		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition	has I	been file	d for thi	s unsign	ned inventor	
Given Name						Family	Name			
(first and middle [if any]) Takao					İ	or Surn	ame u	EḤARA		
					i				I 5-4-	
Inventor's Signature	ao Ueh								Date	
		ura						Γ	April 7, 2	004
Residence: City	State			Cour	itry			Citizer	nship	
Kawasaki-shi	Kanagawa-ke	n		Japan Japan			1			
Mailing Address						_				
4-16-25, Nishiikuta, Tama-ku										
City	State				ZIP)			Country	
Kawasaki-shi	Kanagawa-ker	1							Japan	
NAME OF SECOND INVENTO	R:				Α	petition	has bee	n filed f	or this unsigned inve	entor
Given Name					Т	Family N	lame			
(first and middle [if any]) Jun						or Surna	me _{YAM} ,	AZAKI		
Inventor's	V	1 -							Date	
Signature	lamaza	.ki						Z	April 7, 20	04
Residence: City	State			Cour	itry			Citizer	nship	
∕Koshigaya-shi	Saitama-ken			Japa	n			Japan		
Mailing Address		-						L		
Shulman-Koshigaya A-102, 5-7, Higashiyanagida-cho										
City	State				ZIP			Countr	у	
Koshigaya-shi	Saitama-ken							Japan		
Additional inventors or a legal rep	presentative are bei	ng named or	n the 1 s	uppleme	ental s	heet(s) PT	O/SB/02A	or 02LR a	attached hereto.	

PTO/SB/02A (08-03)
Approved for use through 08/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet

					. 490	
Name of Additional Joint Inventor, if any:	·	A petit	tion h	as been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)		Family Name or Surname				
Kiyomasa		OHIRA				
Inventor's Kiyomasa Ohira		_			April	7, 2004
						.,
Soka-shi Residence: City	Saitam State		Japa Cour		Japan Citizenship	
Al-Casa 203, 32-8, Nakane 2-chome Mailing Address						
Mailing Address	_					
Soka-shi City	Saitar State	ma-ken		Zip	Japan Country	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)				Family Name or	Surname	
Shigehiro	KAWAHITO					
Inventor's Slugehiro Kawalite	Date April 7, 2004					
Soka-shi Residence: City	Saitar State	ma-ken Japan Country				Japan Citizenship
Mates-Soka 105, 1-23, Asahi-cho 2-chome Mailing Address	•					
Mailing Address						
Soka-shi City	Saitar State	ma-ken		Zip	Japan Country	
Name of Additional Joint Inventor, if any:		A petit	tion h	as been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)		Family Name or Surname				:
Inventor's Signature		Date				
Residence: City	State	:		Country		Citizenship
Mailing Address						
Mailing Address						
City	State			Zip	Country	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	Unassigned	
Filing Date	Concurrently herewith	
First Named Inventor	Takao UEHARA	
Title	DEFOAMERS FOR TOP COAT	
Art Unit	Unassigned	
Examiner Name	Unassigned	
Attorney Docket Number	S-2490/CONT/CIP	

I herel	y appoint:						
Practitioners associated with the Customer Number: OR							
Practitioner(s) named below:							
	Name Registration Number						
	Leonard W. Sherman		19,636				
	Edwin A. Shalloway			19,967			
	Robert L. Haines	,		35,533			
	Roger C. Hahn	i i		46,376			
	our attorney(s) or agent(smark Office connected the	s) to prosecute the application identified al erewith.	bove, and to t	ransact all business in	the United States Patent and		
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number:							
OR							
V	Firm or Individual Name	Sherman & Shalloway					
	Address	413 North Washington Street					
	Address						
	City	Alexandria	State	Virginia	Zip 22314		
	Country	United States	T F	I			
I am t	Telephone	703-549-2282	Fax	703-836-0106			
I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name	Takao UEHARA						
Signat	ure Talcao l	Lehara					
Date	April '	7. 2004		Telephone			
NOTE: forms if	Signatures of all the inventor more than one signature is a	s or assignees of record of the entire interest or required, see below*.	their represent	ative(s) are required. Sub	omit multiple		
~	*Total of4	forms are submitted.					

Under the Paperwork Reduction Act of 1995, no persons are require

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

ed to respond to a collection of information driless it displays a valid OMB control number					
Application Number	Unassigned				
Filing Date	Concurrently herewith				
First Named Inventor	Takao UEHARA				
Title	DEFOAMERS FOR TOP COAT				
Art Unit	Unassigned				
Examiner Name	Unassigned				
Attorney Docket Number	\$-2490/CTP/CONT				

I hereby ap	point:			-				
Prac	titioners associated	with the Customer Number:						
OR								
✓ Prac	titioner(s) named be	low:						
		Name			Registration	Number		
Leo	nard W. Sherman			19,636				
Edw	vin A. Shalloway			19,967				
Rob	ert L. Haines				35,5	33		
	er C. Hahn				46,3			
	attorney(s) or agent(s Office connected the	s) to prosecute the application identified erewith.	d above, a	and to tr	ansact all business	s in the United States Patent and		
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number:								
OR								
>	Firm or Individual Name	Sherman & Shalloway						
Addr	ess	413 North Washington Street						
Addr	ess		T					
City		Alexandria		State	Virginia	Zip 22314		
Cour		United States	—	F	I=00 000 0100			
	phone	703-549-2282	i	Fax	703-836-0106			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
		SIGNATURE of Applica	ant or Ass	signee o	of Record			
Name	Jun YAMAZAKI							
Signature	Jun '	Youna zaki						
Date	Apri	î 7. 2004			Telephone			
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
✓ *Tota	alof 4	forms are submitted.						

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

ed to respond to a collection of inform	nation unless it displays a valid OMB control number.
Application Number	Unassigned
Filing Date	Concurrently herewith
First Named Inventor	Takao UEHARA
Title	DEFOAMERS FOR TOP COAT
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	S-2490/CONT/CIP

I hereby ap	ppoint:						
Practitioners associated with the Customer Number:							
OR							
Practitioner(s) named below:							
	Name Registration Number						
Leo	nard W. Sherman			19,636			
Edv	vin A. Shalloway			19,967			
Rob	ert L. Haines			35,533			
Rog	ger C. Hahn			46,376			
	attorney(s) or agent(s Office connected the	s) to prosecute the application identified ab erewith.	ove, and to t	ransact all business in	the United States Patent and		
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number:							
OR		-					
П	he address associat	ed with Customer Number:					
OR							
٧							
Addı	ress	413 North Washington Street					
Addr	ress						
City		Alexandria	State	Virginia	Zip 22314		
Cour		United States	Fax	I -			
	phone	703-549-2282	rax	703-836-0106			
l am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name	Kiyomasa OHIRA						
Signature	Kiya	masa Ohira					
Date 1							
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
✓ ·Tota	alof 4	forms are submitted			<u> </u>		

Under the Paperwork Reduction Act of 1995, no persons are required to

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

U.S. Patent and Trac	PTO/SB/81 (09-03) oproved for use through 11/30/2005. OMB 0651-0035 demark Office; U.S. DEPARTMENT OF COMMERCE mation unless it displays a valid OMB control number.
Application Number	Unassigned
Filing Date	Concurrently herewith
First Named Inventor	Takao UEHARA
Title	DEFOAMERS FOR TOP COAT
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	S=2/90/CONT/CIP

I hereby appoint:							
Practitioners a	ssociated	with the Customer Numb	per:				
OR							
Practitioner(s) named below:							
		Name			Registration N	Number	
Leonard W. S	herman				19,636	3	
Edwin A. Sha	lloway				19,967	7	
Robert L. Hai	nes				35,533	3	
Roger C. Hah					46,376		
as my/our attorney(s Trademark Office co			cation identified above,	and to ti	ransact all business i	in the United States Patent and	
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number:							
OR							
Firm or Individua	al Name	Sherman & Shalloway					
Address		413 North Washington	Street				
Address							
City		Alexandria		State	Virginia	Zip 22314	
Country Telephone		United States		Fax	T700 000 0400	<u></u>	
		703-549-2282	· ··	Гах	703-836-0106		
lam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
			RE of Applicant or As	signee (of Record		
Name Shigehir	o KAWAH						
Signature	Shisel	vies Kawalii	te				
Date	<u>April</u>	7. 2004			Telephone		
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of 4		forms are submitted.			_		